FILING DATE SERIAL NO. APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. DEP. IND. IND. IND. DEP. IND. DEP. IND. DEP. DEP. IND. TOTAL IND. j TOTAL IND. _1 TOTAL DEP. TOTAL DEP. 12-1 YOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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